

Medicaid & Exchange Advisory Committee
Meeting Minutes
September 28, 2020

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Committee Members Present

Erin Maguire
Devon Green
Gladys Konstantin
Sharon Henault
Rebecca Heintz
Helen Labun
Kirstin Murphy
Dale Hackett
Joan Lavoie
Mike Fisher
Lisa Draper
Jessa Barnard
Julie Tessler
Jason Williams

DVHA Staff Present

Cory Gustafson
Addie Strumolo
Nissa James
Zack Goss
Alicia Cooper
Sandi Hoffman

Other Interested Parties

Kelly Barnier
Alexandra Sosnowski
Susan Gretkowski
Betty Morse
Ena Backus
Jamie Rainville
Sarah Teel
John Shultz
Zachary Hozid

*This meeting was held by conference call only.

Documents

- Advisory Committee 9_28_20 Agenda.pdf
- Advisory Committee PPT 9_28_2020.pdf

All are posted to the [Vermont Health Connect website](#).

Convene

Erin Maguire and Devon Green chaired the meeting.

Roll Call, Quorum

Zack Goss, Health Care Training and Communication Manager

Approval of Minutes

July 2020 and August 2020 meeting minutes were approved.

November Meeting Date Discussion; Membership and Recruitment Update

Zack Goss, Health Care Training and Communication Manager

Please see Advisory Committee PPT 9_28_2020.pdf

November Meeting Date

The Committee decided to move the November Advisory Committee meeting to November 30, 2020 to reduce potential scheduling conflicts with the Thanksgiving Holiday.

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Membership and Recruitment Update

- All current members whose term expires in 2020 have submitted renewal applications.
- As a result of the outreach and recruitment efforts, 7 applications were received from potential new members representing a number of new organizations, including those recommended by Committee members.
- DVHA will move to appoint and orient new members in preparation for them attending October's meeting.

Office of the Health Care Advocate

Mike Fisher, Chief Health Care Advocate

The Chief Health Care Advocate commented on several areas of concern and common trends, including:

- Affordability concerns
- COVID procedural concerns:
 - Non-adherence to COVID Safety Precautions
 - Provider unavailability, including difficulty with access to dental care.
 - Non-Emergency Medical Transportation
 - Access to providers for single parents with children

Provider Financial Relief: Health Care Provider Stabilization Grant Program Update

Alicia Cooper, Director of Payment Reform, Reimbursement and Rate Setting (DVHA)

Please see Advisory Committee PPT 9_28_2020.pdf (slides 10-16)

The first application cycle ended on August 15, 2020. There will be a second application cycle in October, but the date is still to be determined. Over 350 applications were received from providers in the first application cycle; 78% were new to AHS financial relief, 22% had received prior financial relief, and the largest group of provider applicants were dental providers (22.7%). The application review process has been extremely complex due to the conditions of funding; however, to date, approximately \$64.6 million dollars have been paid by AHS to providers, another \$9.8 million has been approved for payment/forwarded for processing, and \$1.7 million was paid to providers by ACCD.

VT State Agreement Scale Warning Notice

Ena Backus, Director of Health Care Reform (AHS)

On September 14, 2020, the State of Vermont [Executive Director of the Green Mountain Care Board] received a [Warning Notice](#) from the Centers for Medicare and Medicaid Services (CMS) regarding Vermont's performance in the All-Payer Accountable Care Organization (ACO) Model Agreement.

- Vermont has been non-compliant with the ACO scale targets for two consecutive performance years
- Vermont failed to meet All-Payer and Medicare Specific targets in performance year 1 (2018) and 2 (2019)
- Asked that Green Mountain Care board submit a written response within 90 days of receipt of Warning Notice

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- CMS will determine if response is sufficient or determine the State will need to submit a corrective action plan.
 - If a corrective action plan is required:
 - Corrective action plan would serve as State's plan for improving performance
 - State would need to make progress consistent with the plan
 - CMS reserves the right to rescind or modify aspects of the Model or terminate the State Agreement.

Commissioner's Update: Budget, Legislative, Enrollment & Federal Updates

Cory Gustafson, Commissioner (DVHA)

Federal Updates

1. CMS published letter communicating interest in value-based care (purchasing); the letter communicates continued federal interest in Vermont's value-based program.
2. CMS announced withdrawal of Medicaid Fiscal Accountability Rule (MFAR) from the regulatory agenda; this will reduce regulation. Vermont will continue to work to prioritize and meet regulatory compliance.
3. 6.2% increase in FMAP (Federal Match) has helped FY'21 budget. Duration of increased FMAP will heavily impact FY'22 budget.

Addie Strumolo, Deputy Commissioner (DVHA)

Enrollment Update

Open Enrollment

- Open Enrollment Preparation is in progress
- System testing underway
- Customer outreach to those without authorization to check data sources (i.e., to extend authorization to potentially continue receiving subsidies)

Enrollment

- Just over 10,000 Medicaid enrollments since March
- Approximately 2,000 Qualified Health Plan enrollments since March
- Continued slow, steady growth in part due requirement that states must keep Medicaid members enrolled during the public health emergency as a condition of receiving the increased federal medical assistance percentage. Subsequent backlogs have begun to grow and DVHA will begin to address some backlogs that are permissible despite the continuation of the public health emergency.
 - Long-Term Care (LTC) Medicaid
 - Beginning October, Long Term Care application process will return to pre-pandemic process, verifying eligibility factors (since March, the State has been accepting self-attestation for income and resources).

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- Special accommodations will be in place for those who have an issue responding to verification requests due to the pandemic.
- Medicaid for Children and Adults and Medicaid for Aged, Blind and Disabled
 - Will resume verification of non-financial specific eligibility factors: Social Security Number (SSN), Citizenship status and Immigration status as permissible during the public health emergency.
 - Notice will be sent to those with discrepancies and given a reasonable opportunity period (generally 90 days) to return documentation validating eligibility (total population 500-600)
- Advanced Premium Tax Credits (APTC)
 - Working with issuers on analysis related to the extension of grace periods and implications for tax liability
 - Developing a collaborative noticing program for customer awareness
- Lost Wages Assistance Program

CMS's initial guidance is that payments under the Lost Wages Assistance Program will not be countable for Medicaid eligibility and payments should be excluded from Medicaid eligibility determinations. However, Lost Wages Assistance Program payments will be countable income for purposes of premium assistance for qualified health plans (advanced premium tax credit) similar to Pandemic Unemployment Compensation.

Nissa James, Health Care Director (DVHA)

Legislative Session Adjournment (September 25, 2020) Update

- DVHA SFY21 budget restatement did not experience any significant changes from the budget restatement proposal reviewed with the Committee.
- The Medicaid-only policy bill for "housekeeping" initiatives was [passed by the House](#), but not the Senate. These proposals will need to be moved forward to the 2021 Session and include:
 - Removing statutory language that requires the Department of Vermont Health Access to collect premium payments for qualified health plans—necessary to support the premium processing project under the Integrated Eligibility and Enrollment program (IE&E).
 - Language clean-up for pharmacy program.
- SFY21 Budget Restatement, [as passed by both bodies](#), included:
 - Language that related to [S.296](#), limiting a QHP beneficiary's maximum out-of-pocket expenses for prescription insulin medications to \$100 per 30-day supply. This will be incorporated into QHP plan designs for the 2022 plan year. This language does not impact Vermont Medicaid.
 - Language that allows Vermont Medicaid to manage HIV- and AIDS-related medications.

Public Comment

No public comment.

Adjournment

The meeting was adjourned at 12:00PM.

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Next Meetings
October 26, 2020
November 30, 2020

Time: 10:00AM – 12:00PM

Site: Meetings will be convened through *Microsoft Teams* due to the State of Emergency produced by COVID-19 until further notice.

Please visit the Advisory Committee website for up-to-date information:
http://info.healthconnect.vermont.gov/advisory_board/meeting_materials

Additional Information:
<https://dvha.vermont.gov/covid-19>